

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/550447	FILING DATE
APPLICANT(S)	903	

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4					1	
5						1
6					1	
7					1	
8					1	
9					1	
10			1			
11				0		
12				1		
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TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		11	←		←
TOTAL CLAIMS		████	13	████		████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓			↓	
TOTAL DEP.	←		←		←	←
TOTAL CLAIMS		████	13	████		████